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ORIGINAL DEPARTMENT.

LECTURE.

TENOTOMY OF THE TENSOR-TYMPANI.

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(Delivered at the Meeting of the Society of Physicians in Vienna, Feb. 16th, 1872.)

(*Translated from the "Allgemeine Wiener medizinische Zeitung," Nr. 8, Jahrgang*, 1872.)

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I have now only to describe the operation in all its phases, and here arises the question; through what portion of the membrana tympani must the incision be made, in order to reach most easily the tendon of the tensor-tympani muscle?

This question can be answered only for a limited number of cases, because there are so many possible complications and idiosyncrasies which will influence the choice of the field of operation.

I would generally, as does Weber, make the incision in front of the malleus, in the anterior segment, as we can here best reach the tendon. By my method of operation, which differs somewhat from Weber's, this position is the best, because we are less apt to injure other important structures, but it is also possible to make the incision through the posterior segment without injury.

The most serious accidents which can occur in the performance of this operation are: puncturing the carotid, and plunging the tenotome into the labyrinth. The first of these accidents can only occur with my instrument when the incision is made at the posterior segment of the membrana tympani and the point of it thrust too far toward the anterior wall of the tympanum, and this accident would be favored by the existence in the bony wall of the carotid canal of anomalies, first mentioned by Hyrtl, and by no means infrequent here. By a thorough knowledge of the topographical conditions such an accident cannot happen, even if we make the incision through the posterior segment of the membrana; but the operation is performed much more easily and more safely when the incision is made through the anterior segment of the membrana.

The entrance of the instrument into the labyrinth is almost impossible when the incision is made through the anterior segment of the membrana tympani, as its delicate point, even when forcibly introduced, would meet a formidable obstacle in the inner tympanic wall, while it might be possible for the point of the instrument to enter the oval foramen when the incision is made through the posterior segment.

Accidental injuries of other parts are to be avoided as much as possible, and we must bear in mind the topographical relations of the parts, because we know that with care the most serious accidents can be easily avoided.

For the operation I use, besides the ordinary illuminating apparatus, but one instru-

ment, namely, the tenotome, shown two-thirds the natural size in the figure below.

It is simpler than that described by Weber, and consists of two principal parts, the knife, M, and handle, G. The needle-shaped knife is three inches long, and has a blade at its extremity. This blade is sharpened like an awl and curved on the flat so that when the instrument is inserted ½ mm. in front of the handle of the malleus through the membrana into the tympanum, the shaft of the needle stands parallel to the long axis of the external auditory canal. The point reaches somewhat beyond the inner margin of the handle of the malleus, bnt does not reach very far beyond the posterior segment of the membrana.

The posterior portion of the blade is square, two sides of which are grooved to correspond with the surfaces of the blade. The square end fits into a correspondingly shaped metal socket in the end of the handle. The needle must fit the socket accurately, in order to be secure. When the knife is so arranged and ready for use it forms an obtuse angle with the handle. Then one surface of the blade looks to the right and the other to the left, and the grooved surfaces must correspond. The base of the socket is perforated on each side for a set-screw, so that the needle can be secured from either side. The groove gives a better hold to the screw, and if the screw is inserted on the side corresponding to the concavity of the blade it always indicates the direction of the point.

The advantage of the instrument is that by its simple construction it can be so modified that it is applicable in every case. We do not require a separate instrument for each ear, and the knife can be so arranged that the concave surface of the blade looks in any desired direction.*

Concerning the requisite arrangements for the operation, they are the same as when we make paracentesis of the membrana tympani, but in all these operations Weber uses a peculiar apparatus for fixing the head.

The after treatment has for its object the limitation of the inflammation following the operation, and the prevention, by proper means, of a too rapid union of the ends of the tendon. This can be best explained by relating my first case.

Mary Androschke, æt. 22, spinster, Bohemian peasant, presented herself for the first time on the 22d of November, 1871, at my clinic at the General Hospital. Her mother stated that she had never had any serious illness, and up to her fifteenth year always had good hearing.

Six years ago her friends first noticed an impairment in her hearing, and from that time she has been a martyr to constant violent noises in both ears, and the hearing became so much affected that she could only hear a loud voice. Up to the present time she had not been under treatment.

The hearing distance for my watch was 2″ for the right ear, and 1″ for the left. She does not hear the voice except when shouted into her ear, but by the assistance of the speaking trumpet her hearing was much improved.

Objective examination of the right ear found external meatus wide; speculum No.

* The first instrument I used and demonstrated to the Society of Physicians in Vienna had the blade and handle immovable. Since then I have made the modification just mentioned, and the instrument maker, "Reiner," has made it entirely to my satisfaction. Instead of the tenotome the handle may be used for other instruments, myringotome, etc.

4 easily inserted; but little cerumen; membrana strongly contracted, with a marked arcuated opacity on the posterior segment, whose area appears contracted. Short process very prominent, the posterior fold of the membrana, near its origin at the short process, is sharply defined and disappears in its course in the just mentioned opacity.

The anterior segment of the membrana is strongly drawn inwards, the handle of the malleus is rotated on its long axis in such a way that the posterior surface of the handle is conspicuous, while the outer edge of the handle is turned forward, whereby the anterior segment of the membrana tympani appears more concave outwardly.

The handle with its lowest end is drawn deeply inward and backward, the Eustachian tube, as proven by auscultatory and tactile examination, is very narrow. After application of the air douche, when, in spite of the great force used, very little air reached the tympanum, the acuteness of hearing was unchanged and the subjective noises were not diminished.

The left ear shows the same symptoms, except the malleus stands more perpendicular and its lower end is not so strongly drawn inward.

The mucous membrane of the throat is hypertrophied, especially the palatal arches, and the tonsils are somewhat enlarged.

We certainly had here to deal with that form of inflammation of the middle ear which I have described in my text book of Otology as "hypertrophic or plastic inflammation," and which led, during its long course, to thickening, in an exalted degree, of the mucous membrane of the middle ear, which, moreover, caused stenosis of the tubes, thickening of the membrana, as well as thickening of the membranes of the oval and round windows, and of the connecting apparatus between the ossicles.

It is through long duration of the abnormal position of the membrana in which, perhaps, even at the commencement, the tensor-tympani participated, that such changes take place in the latter as lead to shortening, and the symptoms which we notice on the membrana before and after the application of the air douche point to it.

Although experience teaches us that such marked changes in the middle ear and membrana-tympani are generally accompanied by secondary, not easily to be ameliorated, abnormities in the nervous apparatus, yet the subjective symptoms may be mitigated by a better arrangement of the conducting organs. Unfortunately, such an improvement cannot with certainty be prognosticated, but when we consider that such conditions, if left to themselves, become worse, I am of the opinion that treatment is indicated, and although tedious and generally thankless for the practitioner in many cases, and the result not being so great as desired by the patient, it is still to be energetically recommended and practiced.

In this case at first the air douche and laminaria bougies were used to enlarge the Eustachian tubes. After pursuing this treatment for some days the tubes became wider, and I injected, every other day, solutions of iodide of potassium, making inunctions at the same time of ointment consisting principally of iodide of ammonium and camphor.

After continuing this treatment steadily up to the first of January, there was no change in the subjective symptoms, although at this time on application of the douche a strong current of air entered both tympanal cavities with full stream, yet we could not see the slightest change in the condition of the membranes, and both hammer and membranes remained in their same abnormal positions.

On the ninth of January, with the consent of the patient, and assisted by Drs. Bing, Burnett, and Schultze-Höing, tenotomy was performed upon the right ear, which the patient declared was the most annoying on account of tinnitus.

After having the membrana well illuminated, and the head fixed by one of the assistants, I made the puncture with the tenotome, near the handle of the malleus, about ½ mm. below the short process, entering the tympanum through the anterior segment of the membrana (as before described), turned the outer end of the knife a little toward the cheek, the point reaching around behind the handle of the malleus as far as the other segment.

The cut was made while the knife was in this position by a sweep downward of about 3 mm., and then the instrument was withdrawn.*

*The tendon of the tensor-tympani muscle is now and then inserted into the upper section of the handle of the malleus, nearly as high as the short process. I have never seen it inserted above this point, but should it so happen, we must make the incision here, and not higher, as the point of the instrument, on account of its shape, will cut a

Immediately after the insertion of the point of the knife I felt the resistance offered by the tissues greater than we find in myringotomy even when the membrana is thickened. In the course of the operation this resistance was more marked, and not only did I myself, but also the assistants, hear the grating noise of tenotomy, as before described. I should here mention that one of the assistants who could not see when the cut was made called my attention to this noise.

To convince myself that the tendon was severed, I made the following experiment: I bent one end of a silver sound at a right angle, and, under good illumination, introduced this through the wound in the membrana into the tympanum, moved the end from above downward, hugging the inner surface of the handle of the hammer. The free motion allowed the sound proved that the tendon had been severed.

The bleeding was so slight that, with the exception of the edges of the cut, the membrana itself and the canal were not moistened. Within the tympanum little or no extravasation took place, because the application of the air douche, a few minutes after the operation, showed some air-bubbles but no blood at the perforation.

To our astonishment the patient, during the operation, evinced no signs of pain, and upon being questioned afterward stated she had experienced but slight uneasiness.

Immediately after the operation the patient stated that she had no more tinnitus, and the hearing distance for my watch had increased from 2″ to 7″, and she could hear words more distinctly, but could not yet understand them.

The external meatus was filled with loose charpie, and the patient, who lived some distance from the hospital, was advised to ride home, and there make cold applications behind the ear, and in case she had pain I was to be informed immediately.

The next day the patient came, as usual, to my clinic. Examination showed very slight reaction, and no suppuration. Hearing distance for watch 5″, and patient mentioned some pain and itching, with continued tinnitus. Air douche applied.

January 11th. Pulse 72; temperature not increased; edges of the wound somewhat gaping and coated with dried blood; neighboring membrane slightly swollen; malleus prominent, and out of the wound projects a little yellowish shred (remainder of the tendon adherent to the malleus); patient complains of some pain in the head, and only loud noises. Air douche applied. Hearing distance 4″.

January 16th. Wound in membrana cicatrizing, but the portion covering the malleus is red and swollen.

January 17th. The inflammatory symptoms have nearly disappeared, and a little injection remains near the handle, and also at the incision. Noises have returned.

January 18th. The inflammatory symptoms have entirely disappeared, but the noise continues. Treatment as before.

January 19th. Noises less.

February 6th. No trace of the wound remains; the handle stands more vertical and is no longer abnormally drawn inward. The patient has not the least pain, and although she states that the tinnitus has gradually decreased to a minimum, she afterwards speaks of louder tones. Hearing distance 7″.

February 7th. Patient has no more noises, and is discharged to return in the Spring.

We can say that tenotomy can be successfully made upon the living without danger, when we consider the experience gained by the above case, and that it can assist in allaying subjective symptoms in disease.

As we undertake this operation only in such cases where we are unable to do anything else, we must certainly regard it as an addition to operative otology, and must do our best toward its further development.

APPENDIX.

A few days later the patient, accompanied by her mother, returned and requested me to treat her further, as her condition had been so much improved, and especially desired me to undertake the same operation upon the left ear.

In order to find out whether artificial perforation of the membrana alone, without tenotomy, would have the same favorable result, I made myringotomy of the dull portion of the posterior segment. The wound healed in a few days, but the operation had no effect. As the patient is still under observation I shall have another opportunity to speak concerning her case.

little higher than at the place of puncture, consequently the chorda-tympani is not likely to be injured.

COMMUNICATIONS.

CEREBRO-SPINAL MENINGITIS.

BY F. K. BAILEY, M. D.
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Read at a Meeting of the Knox County Medical Society, May 9, 1873.

Of all affections involving the integrity of the nervous centres, perhaps none may claim more importance than cerebro-spinal meningitis.

The etymology of the term is significant. It is an abnormal condition in which the meningeal covering of the brain and spinal cord is involved.

It is unnecessary to enter fully into a detail of all the symptoms found in diseases of the brain. The morbid manifestations in affections within the cavity of the cranium and spinal canal are much varied, according to the particular tissue involved, or the different stages of any given locality affected. The phenomena seen in the disease now under consideration are both interesting to the pathologist, and terrifying to the practitioner and the bystanders.

Inasmuch as this affection has prevailed, both epidemically and sporadically, for the last third of a century, in different parts of our extensive domain, and is at present reported as existing in various localities, I thought it might be a profitable topic for consideration and discussion this evening.

It would seem that the disease is of comparatively modern origin, or, at least, it does not seem to have been described under the present name till within about thirty years.

Dr. Condie, in his edition of "Watson's Practice" (1853), has quite an elaborate note in which he alludes to its prevalence in different parts of France and Ireland. About the year 1844 it prevailed among the people at Gibraltar.

Aitkin mentions its prevalence in North Germany during the year 1865, but makes no allusion to its earlier appearance. Prof. George B. Wood, in his work on Practice, alludes to it in the article upon diseases of the spinal marrow and its membranes. In his chapter upon pernicious intermittents, the symptoms and organic lesions are such as are found in cases of the affection in question.

Dunglison speaks of its prevalence in France and other parts of Europe, and alludes to its occurrence in Ireland in 1846; in Mississippi, Tennessee, and Missouri in 1847. Wood also alludes to the same fact as reported by Dr. Hicks, of Vicksburg, Dr. Taylor, of Whiteville, Tenn., and Dr. Ames, of Montgomery, Ala.

Prof. Flint gives an extended description of the affection. His clinical history is very interesting, and it will well repay perusal on the part of those who may be either conversant with its prevalence and called upon to combat its ravages, or who may be apprehensive of a lurking tendency to manifest itself.

The prognosis is decidedly unfavorable. Dr. S. Ames, of Montgomery, Ala., who is quoted by Prof. Flint, gives the proportion of deaths at sixty per cent. Others give the death-rate at the same figure. This is in accordance with my own personal experience.

In the winter of 1847 and '48 there commenced an endemic in Northeastern Michigan, which was alike severe and fatal. Residing as I did in that region, and having a range of observation over portions of four counties, I had an opportunity of witnessing a great number of cases, both in my own practice and that of other medical men.

At the annual meeting of the Illinois State Medical Society, held in Chicago, June 3d, 1857, I read a short paper giving reports of a few cases which had come under my immediate notice. The title of the paper was "Congestive Intermittents," and it was published in the current volume of the *Transactions* of the Society. I will take occasion to quote somewhat from the paper alluded to, in order to give an idea of the prominent symptoms, as well as the pathology of the disease.

The locality was intensely miasmatic, being in a region but recently settled, and the surface diversified by swamps, marshes, and river bottoms. I will add, too, that in 1846 and '47 a very low and malignant form of typhoid fever prevailed very extensively, as a result of the decay of many thousands of bushels of potatoes which had been accumulated at a factory for converting the tubers into starch.*

The winter of 1847 and '48 was open, there being a succession of freezing and thawing during the whole season. As often as every fourteen days the wind would change from the north to the southeast, or south, which would melt all the snow which

*A description of this endemic I furnished for the *Northwestern Medical and Surgical Journal*, for February, 1853.

had fallen during the previous two weeks, leaving the ground bare. Exposure to this wind would produce a sense of chilliness which every one felt more or less intensely. Accompanying the chilliness was a peculiar sensation in the nape of the neck, causing an inclination to draw the head back. It was also attended with more or less pain in the whole occipital region. If no attention was paid to these sensations with a view to their obviation, within twenty-four hours there was severe pain experienced in some part of the body, more commonly in a joint, such as of the great toe, knee, or hip, followed by intense headache, great coldness of the surface, glaring of the eyes, rigors, and other indications of great depression. The pulse was generally slower than natural, rather full, but easily compressed; the tongue of a pale or leaden hue, and flabby, but generally free from coat. In some cases reaction did not become established, but the patient would sink into a comatose state, or die in dreadful convulsions. In a majority of cases a distinct intermission would occur, with an abatement of all morbid phenomena except debility or prostration.

It was in cases where anti-periodic measures were not adopted to prevent the recurrence of a second paroxysm, that cerebro-spinal congestion took place. I take the liberty of quoting the following case as characteristic.

Case 1.—Friday, March 3, 1848. H. B. F., a young man, about 25, who for years had been subject to the severest form of epilepsy. Found him sitting in a rocking chair; hands and feet icy cold; pulse 50, and labored; eyes fixed and staring; and slight convulsive jerking of the limbs. Pain in right hip; jaws fixed so that his mouth could not be opened. On placing him in bed he soon began to show signs of contraction of the spinal muscles, as in opisthotonos. These spasms continued about thirty minutes, when he again complained of pain in the hip, and immediately commenced rolling about in the bed, occasionally becoming so much bent backward that his head and heels almost touched each other; he would rise upright in bed, stand a moment, his spine becoming suddenly bent, and then, like a hoop, would roll off the bed and fall prostrate upon the floor at the opposite side of the room. This state of things continued two or three hours. As soon as possible, sinapisms were applied to the extremities, and a full dose of opium and capsicum administered. A medical friend was called in, and bleeding decided upon. About eighteen ounces were drawn. For a short time the struggles were less violent, but soon returned in all their former violence. During one of his struggles the roller was torn from the arm and the blood ran for some moments with great force before it could be stopped. He soon became more quiet, and had but two convulsions afterwards. At eleven o'clock gave him six drops of croton oil, which operated in three hours. At two, P. M., on the 4th, he awoke from a stupor which had followed the convulsions. Quinine in five gr. doses, with opium, every three hours, was continued for some hours. On Monday, 5th, at noon, he collapsed, and large quantities of brandy and capsicum were necessary to restore action. The patient recovered, and is alive today, so far as I know.

In this case we see that congestion took place in the cerebro-spinal tissues, causing symptoms most commonly found in such conditions. The vessels were full, and the sensitive parts compressed, but without the occurrence of extravasation. The beneficial effects of blood-letting were also obvious, as the violent convulsive action nearly ceased after the second flow of blood. It is under such circumstances that venesection can well be of benefit in diseases attended with local congestion. The facts in connection with another case will illustrate the idea above advanced.

Case 2.—H. B., aged 17, of good constitution, was taken on the 4th of March with a chill, at five P. M. Supposing it to be simply an attack of ague the family did not discover till next morning his real condition. Cerebral excitement became very high. The young man's father being a self-constituted doctor, gave him some simple remedy at first, but toward night on the 5th I was called in, with another physician, merely to give our opinion as to the prognosis. The convulsions had continued at intervals during the day, and, at the earnest solicitation of the father, a vein was opened. No appreciable abatement in the convulsions. Next morning we again opened a vein, but with no good result. The excito-motor manifestations continued unabated, and death soon closed the scene. From the symptoms in this case, extravasation had taken place, causing permanent injury to the tissues.

Case 3.—March 5th, 1848. H. C., a boy, aged 7, had a chill during the night, but the parents were not aware of it till morning. Found him sweating profusely from hot bricks placed in the bed. Pulse very frequent, tongue coated, pain in the head. Gave calomel; sinapisms to extremities; cold to the head. Evening, 9 o'clock; delirious, pupils dilated, countenance staring, and very talkative. Calomel has operated. Blister to back of the neck, and gave opium.

Monday, 6th. No change. Continue counter-irritation and opium. Blister to the forehead.

7th. Morning. No better. Pulse 160. Talking incoherently. Prescribed calomel, pulv. digitalis, and camphor, once in three hours. Noon; pupils still dilated; skin dry, but cool; face flushed. Gave quinine, grs. v; opium, ¼ gr. 4 P. M. Quinine acted as sedative. To take ipecac., digitalis, and hyoscyamus every three hours.

8th. Spine rigidly extended, and the head thrown back, but not convulsed as in Case 1.

9th. Gums sore. Symptoms much as yesterday. Suspend calomel. Continue ipecac. and hyoscyamus.

10th. No change. Quinine and camphor every three hours.

11th. More free from spasm. Continue treatment.

12th. More uneasy and inclined to spasm. Tr. nux vomica, 20 drops, every 4 hours. Evening. Skin very moist; pulse 120 and soft. 1 gr. quinine every 4 hours, and brandy, p. r. n.

13th, 2 A. M. Has chill. Pulse 130, and soft; sleepy, but easily aroused. Reaction soon came up. Skin dry, face flushed, and very thirsty. Gave pulv. dov. with quinine and brandy. Bowels not open for a day or two. Gave castor oil. 9. A. M. Pulse 120; rational when awake; no spasms. Bowels moved at 4. To take one grain quinine every 2 hours, and 20 drops nux vomica once in 6 hours. Evening; pulse 108, but feeble; skin moist; pupils natural; tongue moist, but very red.

From this time to the 31st of the month there was a gradual abatement of the symptoms. On the 26th there was some collapse, with jactitation, and he complained of severe pain in the back. Tonics, opiates and stimulants, as indicated, constituted the treatment during the convalescence, but for a month or more close watching was required, as fatigue or excitement caused a tendency to spasm.

This case has been reported rather fully, to illustrate how the symptoms showed the probable morbid condition. Owing to the youth of the patient an injury from actual lesion of structure would not prove fatal, and absorption of any extravasated blood might have taken place. All the symptoms could not well be accounted for as purely reflex, and it has always been considered as a rather remarkable recovery from a grave disease. I will state that the tr. nux vomica used was not of full strength, but the dose was probably as much as an adult would tolerate under ordinary circumstances. The boy made a good recovery, and is now an active business man.

Case 4.—A. A., girl of 16. March 9th. Chill; pain in the ankles; delirium at once; pupils dilated; slow pulse; complains of a sensation of freezing; skin pale; general spasms, with screaming.

12th. Has taken quinine, camphor, and opium, with blistering to the neck. No change for three days, but has lain in a partial stupor, disturbed only by convulsions. To-day the spine is rigid, with spasmodic contraction of the muscles, both of the back and limbs. Gave calomel, opium, and digitalis.

13th. The spine rigidly bent, and the head so far thrown backward that the larynx protrudes. While the spine is thus rigidly bent, there is an occasional spasm, in which the occiput and heels approach each other, with a general quaking of the entire frame. Suffering terrible, and to the beholder causes a feeling of indescribable horror. Prescribed hyoscyamus and nux vomica every 4 hours, alternated with grain doses of opium.

17th. Improved since 13th. Tetanic symptoms relieved. At times has been able to bend the spine forward. Pulse has been about 90. Mind clear most of the time.

31st. No spasms or rigidity of the spine; tongue clean, but red; Bowels open; some appetite. Complained most of pain in the small of the back, which was relieved by opium. Consider her convalescent, and will make no more calls unless there is a relapse.

April 3d. Was called, and found stomach irritable; tongue coated, dark and dry; delirium and opisthotonos returning, and more severe, if possible, than at first. She had over eaten, and the family being poor

and careless, there had been a lack of proper watchfulness. She continued to sink, and died on the 11th, eight days after the relapse.

Post-mortem examination revealed extensive effusion into the ventricles, with pus lying upon the cerebellum and about the medulla oblongata.

Case 5.—Monday, March 6th. W. C., æt. 13, sanguine temperament and good health. Taken during preceding night with a chill, but not so severe as to excite attention from his parents; took some pills in the morning, and I saw him at one P. M. Had severe pain in the head and back. Skin hot and dry; pulse 108; tongue coated; bowels not open. Applied a blister to nape of the neck, and gave full doses quinine every two hours.

Tuesday, seven A. M. Had a second chill during the night; vomited the quinine; is delirious; to take quinine and opium. Evening. Has been alternately dry and moist during the day, but very hot; to continue quinine. About nine A. M. went to sleep and lay quietly; before twelve he awoke. Showed signs of sinking, and died before anything could be done for him. No post-mortem. In this case there was fatal injury sustained in the brain before medicine was given, as shown by the vomiting, which was undoubtedly reflex.

Case 6.—Mary C., æt. 17, sister of the above. Taken with a chill the evening before her brother died; attended with severe pain in both hips. She was immediately placed in bed, and surrounded with hot bricks, to induce sweating. I immediately commenced giving quinine and opium in full doses once in two hours, with cold to the head, while perspiration was still to be encouraged. Evening; still sweating; pulse 100, full and soft; face flushed; skin extremely hot. Tinnitus aurium, but no pain in the head.

Thursday, A. M. Very comfortable; no fever; pulse 112; some headache and tendency to nausea; applied a blister to pit of the stomach, and gave one-half gr. opium every hour. To take at six P. M., opium, 2 grs., quinine, 5 grs., camphor, 5 grs.

Friday, A. M., 10th. No chill last night; pulse slow and soft; no pain in the head; sat up an hour; some appetite; some pain in the bowels, for which she took opium.

Sunday, A. M., 12th. Ate breakfast with the family, and in a few days was well.

A failure to prevent a second chill in the brother rendered the case fatal. Success in prevention saved the life of the sister.

Case 7.—I have another case in mind, the notes of which are, unfortunately, lost. It was that of a young girl about 12, who had, before my first visit, been attacked with a chill, and I found her with considerable febrile reaction and some tendency to convulsive action. There was no impairment of cerebral function, being able to talk and express her feelings. On my visit the next day I found her head thrown back, with increased excito-motor manifestations. It was among the first cases that occurred in the same season, and *the* first in which opisthotonic phenomena were noticed. My treatment, and the length of time the disease continued, I do not recollect, but the convulsions became more and more severe until she died. The mental faculties being unimpaired to the last it was considered to be a case of *spinal* meningitis.

Case 8.—A lady about 45, who was attacked like the others, but resulted very soon in a different manner. Instead of the excito-motor phenomena there very soon was observed a complete paralysis of the left side. There was not so much convulsive action, but evident compression in the base of the brain. Most of the time there was a low muttering delirium, but she could sometimes be aroused so as to answer a question. This patient lived five or six days, with no abatement of morbid condition. No post-mortem examination in this or the preceding case.

During the same season puerperal women were victims to the disease, with a fatal result in two or three instances. In every case of confinement which came under my own notice at that time, I gave quinine very freely after the first and slightest indications of a chill, which was very sure to occur on the third day, when the milk began to be secreted.

The same disease prevailed in some of the counties directly west of Detroit, and it was especially severe and fatal among the soldiers stationed in that city, who had recently returned from the Mexican War.

The above have been cited as representative cases, both as to symptoms, treatment, and result. I have given nearly all of the fatal cases in this paper which came under my immediate notice. There were scores in all that were attacked, but a great propor-

tion recovered. Various expedients were adopted to equalize the circulation before fatal injury was sustained by the brain and spinal cord: sweating, by means of firebrands quenched in water, wrapped in cloths, and piled about the patient; ears of corn boiled in water and placed at the feet; were efficient and convenient. In many cases a Thomsonian sweat was resorted to with success. Large doses of quinine (5 to 15 grs.) were given and continued till forty and sometimes sixty grains were swallowed.

I well remember the case of a man of 30, strong, and unusually healthy up to the time of attack. It was in consultation with another physician, who upon the first attack had bled freely from the arm. The convulsions were terrible during the first stage of reaction. The bleeding, with active cathartic medicines, had quieted the excitement, and on our joint visit the man was quiet and rational. There was strabismus still remaining, with pain and some pressure in the head. Recovery was rapid.

Another case which was under my charge a portion of the time was that of a strong, muscular man, who continued to have convulsions for about fifteen days. The excito-motor manifestations were very severe at times; he was delirious, and showed unequivocal evidences of disease of the brain. Under the use of alteratives and tonics he made a good recovery. Quinine was given very freely, with hyoscyamus, during the various stages of the disease.

Another case was that of a married woman, about 35. After a few days the convulsive action diminished, but she sank into a lethargic state, with alternate periods of a low muttering delirium, as seen in malignant typhus. Lived nearly four weeks. Post-mortem showed extensive effusion within the cerebral cavity, and as much as six ounces were removed from the base of the brain. There were collections of pure pus found at different points, lying upon the tentorium, and also upon the medulla oblongata, showing that inflammation had occurred. No age or condition was exempt, but males were more apt to be taken, from the fact that they were more exposed to cold and damp. People soon learned to notice early symptoms, and in many instances the family had the sufferer well sweating when the physician arrived.

The type being purely intermittent in most cases, the timely administration of quinine during the first intermission would prevent a second paroxysm. If no interference was offered, and a second chill occurred, a fatal result or protacted convalescence became certain. A third chill was surely fatal. Sometimes the disease was but partially checked by quinine, but in such cases the good effects of that medicine, with nux vomica, were very apparent in modifying the subsequent morbid conditions. The sedative influence of a large dose of quinine combined with opium was very well marked, and the experience of one such visitation of disease would be sufficient to convince any man that quinine can be safely given in the active stages of fever.

In districts of country where malarious diseases do not prevail, cerebro-spinal meningitis must be more difficult to control. Where the type is remittent only, or of a continued character, no intermission, of course, can be expected. Under such circumstances bleeding at a very early stage will be beneficial, if adopted before the congested blood has burst out of the vessels, causing local extravasations. The only hope in such cases will be to modify excitement and keep up the vital powers, while time may admit of a repair of local damage to tissues.

In all cases of this terrible disease there is at the onset a severe shock sustained, and oftentimes a person will be in articulo mortis as soon as attacked. In all localities where the disease prevails great care should be observed in the way of prevention. Plenty of warm clothing, especially upon the lower extremities, should be worn, and the alimentary canal kept well cleared from fœcal accumulations. Very much depends upon the condition of the primæ viæ during the prevalence of any disease where the morbid influence finds expression in the nervous centres. Calomel, in connection with opium and quinine, is the most effective where an efficient evacuant is needed.

It may be proper, in the consideration of this subject, to state that the disease is often denominated spotted fever, both by medical writers and in the public prints. I might have noticed the spots or petechiæ in some cases, and if so, they were more the result of a low typhus condition of the system, from a lesion of the cerebrum following congestion. The term spotted fever is applicable to a different morbid condition from that now under consideration.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

January, 1873.

James Graham, Pres. J. W. Hadlock, Sec.

REPORT OF CASES.

Gout.

Dr. Graham reported a case of *gout* recently seen by himself in consultation. Patient suffered from intense pain in the bowels and from occasional expulsive efforts. During several months prior to the attack he had complained of severe pain in the thumb, which disappeared when the internal trouble supervened. The patient passed a normal quantity of urine, but the latter was abundant in urates which were deposited in the vessel. Since there was no abdominal tenderness the excessive pain and the discharge of the urine with urates led the speaker to the conclusion that this was a case of misplaced gout. The patient was freely purged and then placed upon an alkaline treatment. The urine cleared upand the patient was soon well. A few days later he was attacked by head symptoms, feeling stupid and dull. This condition gradually became worse, until he was entirely unconscious of things that occurred about him, and died on the third day of this attack. This case revealed to the mind of the speaker a somewhat similar case in which the patient was also seized with pain which was out of all proportion to the systematic condition. In this instance the diagnosis was unsatisfactory until the form of the disease exploded by a regular gouty attack in the foot.

Dr. Carson desired to be informed whether any of the members of the Academy believed in the existence, in some cases, of rheumatic pneumonia or pneumonia dependent upon a specific cause.

Dr. Graham observed that this was a question of great importance, but he himself had never met with a case in which an attack of rheumatism was coexistent with a pneumonia.

Dr. Carson had recently made an autopsy in a case of pleuro-pneumonia, coexistent with which there was a pericarditis. The patient was of rheumatic habit of body, and therefore it is plausible to conjecture that since the pleuro-pneumonia supervened subsequently to the pericarditis, the former resulted by extension of the inflammation from the latter. The speaker thought the most of these cases originate in this way.

Retained Placenta-Polypus.

Dr. Graham said that in 1854 he was called to see a woman who had a decided uterine enlargement. The os was slightly patulous, but otherwise healthy; the patient being in general good health she was advised to submit to no medical treatment. Several weeks ago the patient called upon the speaker on account of previous attacks of metorrhagia, and on account of the expulsion of a large fleshy mass, which in all probability was a polypus, the nutrition of which was cut off by the physiological atrophy of the uterus, the patient being at the climacteric. After the removal of the polypus the uterus retracted to its normal size, having been enlarged for eighteen years by the polypus.

FEBRUARY MEETING—1873.

REPORT OF CASES.

Paraplegia.

Dr. Bartholow related the case of a gentleman who gradually lost the power of motion of the lower extremities; for this condition strychnia was prescribed by a homœopathic physician, under which treatment the symptoms became more alarming. There was complete paralysis of motion, loss of sensation, also loss of sensibility to temperature in both limbs, and marked nutritive impairment of the left limb. The latter atrophied until it was only one-half the size of the right extremity. Together with the symptoms of paraplegia the feeling of a band-like constriction of abdomen was also well marked, as well as a want of retention of urine and fœces. Five years prior to this attack the patient had a chancroid, which (according to the patient) was followed by no constitutional manifestations. From these symptoms it is reasonable to think that the central gray matter of the cord was diseased, and, judging from the atrophic condition of the limb, the degenerative processes extend from the central portion to the anterior cornua. One drachm doses of the iodide of potassium were given *ter die*, and in three days after the commencement of the treatment the patient was up and about.

Dr. Ludlow observed that he knew of cases in which these large doses of iodide of potassium were not tolerated by the patient. In some cases even four grain doses produced an irritant eruption and a very violent coryza.

Dr. Bartholow answered that these large doses are usually well borne; a tolerance being created in the system. In one case, for which drachm doses were ordered for a specific neuralgia of the fifth nerve, an ounce was taken by mistake. This enormous amount had no ill effects, with the exception of producing slight emisia, but the neuralgia disappeared quite miraculously. In some cases of specific nature the objective point in view is the production of the constitutional effects of the agent, and these can only be obtained from the exhibition of large doses. Iodide of potassium is well known to be a most diffusive agent, and small doses are not all effective, while from large doses most beautiful results are achieved.

Glandular Affections.

Dr. Holdt observed that he has recently met with a large number of glandular affections occurring in children, in whom not even the slightest suspicion of a specific his-

tory could be obtained. So he has seen glandular swellings in the groins and axillæ of young girls, and in one lad the speaker observed two suppurating buboes; the age of the latter patient precludes every idea of a specific infection.

Puerperal Fever and Erysipelas.

Dr. Reamy, in answer to a question from the chair, observed that the epidemic of puerperal fever was subsiding. He had learned of only one case, of recent occurrence, and that followed a tedious labor and forceps delivery.

Dr. Richardson had two cases of the disease during the winter, and of these the second is now convalescent. The patient had a very tedious labor from an occipito-posterior position of the fœtus. The speaker is in the habit of administering quinine to his patients immediately after delivery. In this case, notwithstanding the continued use of quinine, the patient was seized with a violent chill, followed by all the phenomena of the disease. The temperature was greatly elevated; pulse 138; the uterus tender, enlarged and very hard; since there was only a slight involvement of the peritoneum, and on account of idiosyncrasy of the patient, opium was not given; quinine was freely exhibited. Under this treatment the patient did well, but suffered from an alarming relapse. From this, also, the patient is now perfectly convalescent.

Dr. Muscroft reported a case illustrating the analogy and communicability of the disease in question and erysipelas. Last fall the speaker was called to treat a case of compound fracture of a phalangeal bone of the great toe. There had been considerable hemorrhage, yet, with appropriate treatment the patient did well. While the wound was healing the patient's wife suffered from an abortion, about the fourth month. The female was attended by another physician, who was, however, discharged. At the first examination the speaker found the patient depressed and anæmic from repeated hemorrhages, and from an offensive vaginal discharge, which probably was owing to the retention of a portion of the placenta. At this time the husband (occupying the same apartment and bed with his wife) was suddenly seized with a violent erysipelatous inflammation of the foot and ankle. The redness extended to the groin, and the lymphatics were knotted and painful. The erysipelas took on the phlegmonous form, and numerous abscesses formed in the neighborhood of the ankle. These being opened large quantities of pus were discharged. Notwithstanding these violent and threatening symptoms he made an excellent recovery. The Doctor thought that this was another case illustrating the relation and analogy between erysipelas and puerperal disease. He also considered it interesting to note that with the transmissiblity of the diseases from one to another erysipelas should occur in the male and puerperal fever in the female.

Dr. Richardson thought that there was a general disposition of the profession to recognize an analogy between these two diseases, and that this opinion was not based upon positive proofs, so the case in question does not prove this relation, since phlegmonous erysipelas is not an unfrequent accident in cases of severe injuries where puerperal disease could have had no possible influence. Again, the epidemics of erysipelas and puerperal fever have prevailed independently of each other, while at other periods, as in the present season, they have raged conjointly. In like manner many authorities desire to establish an analogy between scarlatina and diphtheria, while other equally good authorities are not willing to admit their identity of character. The speaker considers it improper to allow such doctrines to become known to the public, where they can effect no good and create nothing but dread and confusion.

Dr. Gobrecht stated that during his residence at the Pennsylvania Hospital he had charge of a case of erysipelas, in the surgical wards. During the absence of the other residents a patient was suddenly taken with violent labor pains, which made an examination a matter of necessity. Before the obstetrician of the house could be called the woman was delivered. A few days later she was attacked by a series of symptoms which Prof. Hodge denominated as those of puerperal fever. Therefore the speaker thought he had directly communicated the disease to the patient. The Doctor observed that some pathologists were not fond of making autopsies of subjects dead of inflammation of the serous membranes. Dr. Henry Hartshorne, of Philadelphia, came very near losing his life from purulent infection of a wound made by a needle. A phlegmonous erysipelas attacked the entire forearm and arm, and so numerous and large were the abscesses that at one time the life of the patient was despaired of.

Dr. Palmer stated that within the past four weeks there had been both erysipelas and puerperal fever in the obstetrical wards of the Cincinnati Hospital. In the colored ward, where patients were mixed, since the inception of a severe case of erysipelas in a surgical case, three women had been confined, all of whom had convalesced promptly and uninterruptedly, so far as the pelvic organs were concerned, but in one case there was a sharp attack, in the puerperal state, of facial erysipelas, the only case of erysipelas in the parturient women he had ever seen. In the white ward there have been three cases of puerperal fever. The first occurring in a primiparous woman a week after normal delivery; pneumonia (double) showed itself in two days after confinement, which progressed favorably, when the patient began to complain of pain in the abdomen. This became very tender and tympanitic. The tongue red, dry and pointed; the pulse 125 and 130; temperature 105; lochia scant, offensive; suppression of milk; vomiting;

diarrhœa; delirium. Treatment consisted in a disinfectant vaginal injection of carbolic acid and labarraque solution; superficial blistering of abdomen with turpentine stupes, followed by flaxseed poulticing; the internal use of quinia and opium, each gr. j every three hours until vomiting and diarrhœa came on, then the use of carb. ammonia, camphor, no alcoholic stimulants, and free nourishment, with milk and beef essence. The patient is now sitting up and has entirely recovered, so far as the puerperal fever is concerned; there remaining, however, a partial consolidation of lower right lung. The second case, even more severe, was ushered in by a chill followed by fever and intense pelvic pain, thirty-six hours after delivery, in a primipara. Tongue red and dry; pulse 130–135; temperature 105½; abdomen tympanitic; lochia scant and offensive; slight vomiting; diarrhœa; no delirium; treatment essentially the same, except that five drops of tinct. verat-viride, with gtt. xxxv of vineconate of morphia, were given every two or three hours until pain was relieved. Temperature descended to 102, and pulse below 100. Quinine was given in decline of disease. Case is convalescent. The third case, the mildest of these, in a multipara, commenced twenty-four hours after delivery. The disease here not extending to the abdominal peritoneum, but being a puerperal endometritis and pelvic peritonitis. Treatment as above; case still in progress. The speaker stated that every precaution was taken to prevent the spreading of the disease in the wards, and it had, as yet, not existed as extensively as would be expected, considering its prevalence in the city and vicinity. Thorough contraction of the uterus is secured by the use of the hand, ergot, and bandage after delivery of the placenta; the ward freely ventilated by windows; the diet full, but nutrition fluid; and the vagina freely washed out daily with disinfectants, in every case, whether the lochia were offensive or not.

Portal Thrombosis.

Dr. Carson reported the following case and post-mortem history, being given by Dr. Jas. Brown, at the Cincinnati Hospital. James Dawson, æt. 60, single, laborer; mother died of dropsy; father dead, cause unknown; no venereal history; never was a hard drinker. States that ten years ago he had a spell of fever, and was sick at the time four months; after recovering from the fever brown spots came out over nearly all parts of the body. Present sickness commenced one year ago; first noticed a swelling of the feet and legs. Has had a slight cough for three years, but was able to work until one year since. Five weeks ago he began to expectorate blood. The first day he thinks he expectorated about one pint, and continued to expectorate for three weeks. Says that his feet and legs are much more swollen since the spitting of blood. Bowels have been quite loose for three months, and he has lost considerable flesh lately. Present condition: man of average size; very anæmic; face and lips pallid; tongue coated with fur and cracked in the centre. Thermometer 99°; pulse 92, and weak; feet and legs odematous, and pit on slight pressure; movements of chest the same on both sides; percussion the same over the upper anterior region of the lungs; striking with the hammer just beneath the right clavicle produces nodular elevation; respiration higher pitched over the right apex than over the left; over the anterior lateral and posterior base of the right lung crackling and mucous rales are heard; same kind of rales are heard over the base of the left lung posteriorly; heart præcordial; dullness normal; apex beat at the nipple; systolic murmur heard most distinctly above and within nipple; this murmur not heard at the base nor outside of the nipple. Hepatic dullness 8½ inches; some fullness of the veins over the region of the liver; spleen somewhat increased in size; abdomen distended and tympanitic, except in the lumbar region, where it is dull, but becomes clearer on change of position; on palpation there is fluctuation in the lateral parts of the abdomen. Ordered quinia sulphas, gr. ij ter die. January 14th. Thermometer 90°; pulse 80; appetite bad; slept very little during the night. January 15th. Thermometer 100°; pulse 78; slept very little and was restless all night. January 16th. Thermometer 99°; pulse 80; slept a few hours; don't complain of any pain. January 20th. Thermometer 99½°; pulse 80; passed 18½ ounces of urine during the night; examination of urine shows the presence of phosphates, s. g. 1018. January 23d. Abdomen enlarging very rapidly; measurement on level with the umbilicus 41 inches. January 24th. Thermometer 99°; pulse 80; slept very little; has dyspnœa; is not able to be out of bed; abdomen much distended and fluctuation very distinct.

January 25th. Died. Autopsy by Dr. N. P. Dandridge, 25 hours after death. Post-mortem rigidity slight; abdomen greatly distended; the integument over all parts of the body very pale; legs œdematous; upon opening the thorax found old adhesions over each lung, which were readily broken down; abdomen contains 170 ounces of cloudy straw-colored fluid; lungs crepitant throughout; on section a large amount of frothy fluid escaped; heart entirely collapsed; no blood contained in the cavity of the heart; walls of left ventricle thin, and the cavity somewhat dilated; on the aortic surface of the valves there were calcareous deposits; liver weighed 3 pounds and 3 ounces; transverse diameter 10½ inches; antero-posterior of right lobe 6½ inches, of left lobe 5½ inches; surface very uneven and paler than normal, and quite soft; portal vein contained large clot as far as the first division; a part of this clot was deposited as a firm layer on and adherent to the vein; kidneys normal; spleen 7 by 6½; weighed 2 pounds; capsule at one point thickened by a white deposit; color on section bright red; consistency firmer than normal. We should

state that microscopic examination of the blood showed increased number of white corpuscles, though scarcely amounting to a condition of leucocythemia. There are some statements made by this patient that, in the light of his subsequent history, must be construed differently from his own belief. The blood which he at one time is said to have expectorated most probably came from the stomach, and was, among other things, an evidence of the portal obstruction. At the time of his admission to the house, and until within three days of his death, his case promised to me the ordinary chronic course of hepatic dropsy. He was seldom in bed; his treatment was simply tonic. It was apparent after the change that nothing would be availing to arrest or palliate the symptoms; as the account states, two or three days before his death he was found in his bed with a very rapid pulse, and unusual increase of the ascites, and with evidences of general exhaustion, from which he soon died. The thrombosis of the portal vein was sufficient to account for this rapid change. The cirrhotic condition of the liver and its consequences were intensified by this added obstruction. Probably it had begun days before, and was too quick for any compensation by collateral circulation. In many such cases the rapidly developed obstruction has for its effect hemorrhage from the stomach and bowels, but there was none here. The extremely anæmic condition, whether it depended upon the hepatic or splenic lesion, or both, was no doubt a condition predisposing to the rapid serous effusion. As illustrating the accidents of chronic visceral disease, and cause of death in hepatic dropsy, we have presented the case and specimen to the Academy.

Editorial Department.

Periscope.

Sexual Excess in Marriage a Cause of General Paralysis.

The eminent alienist, Dr. Henry Maudsley, at a meeting of the Psychological Society, reported in the *Journal of Mental Science*, said he should like to take this opportunity of ascertaining, from the experienced gentlemen present, what opinion they had been led to form as to the most common cause of general paralysis. He had formed a very definite one, namely, that in the majority of cases sexual excesses were really the efficient cause. He had seen many cases in which, when a sufficiently close inquiry was made, this had proved to be the case. He might mention one. Some years ago he saw, in consultation, a married gentleman who was afflicted with this disease, and gave an opinion as to its nature and prognosis. In the course of conversation with the medical man he asked whether there was not any suspicion of sexual excess, but there had been no evidence of it. Some time afterwards the same medical man brought another case to him, and reverting to the question in the case of the former patient, who was now dead, said that after his death his wife had informed him that during the whole period of their married life, which had lasted several years, he had not refrained for a single night, except at certain periods. He mentioned this case because it really illustrated what is most important to bear in mind when examining into this kind of causation. There were many persons, some of whom would be described as patterns of moral rectitude, who never dreamed that there could be such a thing as sexual excess after marriage, and would almost regard it as an unholy suggestion. In making inquiries, therefore, it was necessary to pursue the matter closely, and not to be content with a general denial, which might, though honestly given, be worth nothing at all. Of course it was necessary not to mistake the effect for the cause. It was common enough to find an increased sexual desire at the beginning of general paralysis, which was followed soon by impotence. What he wished to direct attention to was not to such outbursts of excesses as were patent to all the world, but to that quiet, steady continuance of excess for months or years, by married people, which was apt to be thought no vice or no harm at all. He would by no means venture to say that sexual excess was the sole or entire cause of general paralysis; in some cases there might be no evidence of it, while in others, in which it had undoubtedly existed, it was a question whether other co-operating conditions were not an essential part of the cause; notably, for example, a certain sanguine and expansive temperament. But of the efficiency of sexual excesses, as an exciting cause, he entertained no doubt.

Dr. Sheppard said he had often had occasion to differ from the President, but he entirely agreed with him on this occasion, and fully endorsed the opinion which he (the President) had just expressed. He believed that the most fertile cause of general paralysis was undue indulgence of the sexual appetite; but, of course, it was very difficult to dissociate this cause from the excesses and general sensual indulgences which commonly accompanied it. It was difficult to make

the friends of patients see this, and when wives were cautioned against being too loving toward their lords, they blushed assent to the advice, knowing their incapacity to carry it into effect. He had seen many cases of so marked an improvement in all the symptoms of general paralysis, after some months' residence in an asylum where no demand was made upon the procreative organs, as to justify the return of a patient to the outer world. But the poor fellow soon tumbled to pieces again under a legitimate indulgence which has the power of undermining, to a singular extent, all stability of nerve-element.

Dr. Tuke—My own experience leads me to an opinion the very reverse of that of our President. I have seen, probably, as many cases of general paralysis in the higher classes as most physicians, and I have not found undue sexual excess a predisposing cause; the victims of general paralysis are very frequently men of fine physique, and excessive sexual indulgence is, of course, more frequent with such men, but I have seen men of exemplary lives and subdued passions as often suffer. The effect may be, and sometimes is, taken for the cause of the disease; general paralysis, although usually associated with want of power, is sometimes ushered in by excessive sexual desire. I have seen several instances of this, and Guislain mentions his having observed the same thing. In one case, a man of high intelligence and moral rectitude, this symptom was very distressing, and I ascertained that it had appeared for the first time synchronously with the brain symptoms.

Dr. Sankey had generally found the subjects of general paresis were of strong sexual passion: he had also found this among women in many cases that were put down to paralysis; he should consider them cases of ataxy, but they were closely allied.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received the following pamphlets:—

Wilson's *Journal of Health and Atlanta Business Review*, No. 1, Vol. I. Edited by John Stainback Wilson, M. D.

Fifty-fifth Annual Report of the Northern Dispensary of Philadelphia.

Thirty-fourth Annual Circular of the Baltimore College of Dental Surgery.

Constitution and By-Laws of the Fond-du-Lac Medical Society.

Twenty-fourth Annual Report of the Indiana Hospital for the Insane.

Annual Report of the New York State Inebriate Asylum, for 1872.

Annual Report of the Baltimore Eye and Ear Institute.

Practical Histology in Vienna, and the Microscopical Study of Blood and Epithelium. By James Tyson. pp. 34.

The Functions of the Eustachian Tube in its Relation to the Renewal and Density of the Air in the Tympanic Cavity, and to the Concavity of the Membrana Tympani. By Thos. F. Rumbold, M. D., of St. Louis. pp. 40.

An Essay on Catarrh and its Relation to Throat and Lung Diseases. By Walter M. Fleming, M. D. pp. 23.

A Treatise on the Diseases of Refraction and Accommodation. By C. S. Fenner, M. D., of Louisville, Ky. pp. 29.

What shall Philadelphia do for its Paupers? By Dr. Isaac Ray, M. D. pp. 23.

Free Parks and Camping Grounds, or Sanitariums for the Sick and Debilitated Children of the Poor in Crowded Cities during the Summer Months. By J. M. Toner, M. D.

Address of Thos. M. Logan, M. D., President of the American Medical Association. pp. 25.

Nineteenth Annual Report of the Howard Hospital, Philadelphia.

Twelfth Annual Report of the Woman's Hospital, Philadelphia.

Twenty-fourth Annual Announcement of the Woman's Medical College of Pennsylvania.

Annual Report of the Alumni Association of the Philadelphia College of Pharmacy.

Reply to the Action of the College of Physicians and Surgeons of Louisville. By A. B. Cook, M. D.

Normal Ovariotomy. By Robert Battey, M. D.

Transactions of the Medical Society of the State of West Virginia. Wheeling, 1872. Fifth annual meeting.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 21, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE CHAIR OF ANATOMY IN THE JEFFERSON MEDICAL COLLEGE.

Before the time this reaches our readers the chair of Anatomy in the Jefferson Medical College will have been vacated by the resignation of the eminent anatomist and surgeon, Dr. PANCOAST, who for so many years has occupied that position with distinguished ability. With a wisdom rarely seen among those who occupy elevated stations, he has not waited until the sad and inevitable signs of advancing age have manifested themselves, or the decrepitude of senility has shown its influence in the performance of his duties. Still in sound health and full mental vigor, he seeks relief from the labors of the position while he yet has power to enjoy the change.

Among those who have given especial attention to the teaching of anatomy and surgery in this city there are a number who have legitimate claims to the attention of the Trustees of the College, on account of their recognized abilities. In such an election the interests of the College will be best consulted by marking the general sentiment of the profession, for, after all, this alone is of real weight, as the profession alone can judge of the merits of an applicant. Especially should everything like nepotism be avoided. Nothing is more certain to injure an institution than an appearance of family influence guiding the selection of teachers. Already the medical schools of this city have experienced some of the evils of this course, and it should be a warning to them.

Of the somewhat numerous aspirants for the post we may mention two whose claims, judged by the record of what they actually have accomplished, seem to us most prominent. One of these is Dr. JOHN H. BRINTON, with whose clinical surgical teachings our readers are familiar. He has been a frequent contributor to anatomical and surgical literature, and is no doubt better known as a surgeon beyond the limits of this State than any other of his age. In 1851 he contributed to the *Medical Examiner* a series of *Microscopical Observations on Tumors*, denoting faithful and skillful use of the instrument. Some years later, in 1856, he published in the *American Journal of the Medical Sciences* a *Description of a Valve at the Termination of the Right Spermatic Vein in the Vena Cava*, with remarks showing its important relations to varicocele. The practical bearings of this discovery were quickly appreciated by foreign writers, as well as those at home, and it has been incorporated in all the European anatomical treatises. His various articles on amputation at the knee-joint and at the knee have rendered his name familiar to the English and Continental surgeons, among whom, on this procedure, he is frequently quoted as a recognized authority. An article on luxation of the body of the sternum, with remarks on the anatomical structure of the superior sternal articulation, which he published in 1867, embodied some of the most important and novel clinical and anatomical results of the study of this rare and obscure lesion. More recently, his observations on "Instantaneous rigor-mortis as the occasional accompaniment of sudden and violent death"

(1870), have been more largely quoted and commented upon in European journals than any other article we have noted from American medical writers. Beside these, a large number of clinical lectures, reviews, and essays attest his unremitting and fruitful devotion to surgical science. As a fluent lecturer, a teacher of long practice, and a gentleman of high cultivation and social position, he is so well known in this city and to the profession generally that we need not emphasize these points. We must add, however, that the surgical history of the late war was at its inception under his care, and to his industry and faculty of arrangement the immense details of that work owe in great measure their value.

Dr. W. W. KEEN, whose appointment would also meet with the hearty endorsement of the profession, has been a teacher of anatomy and a writer on surgery for a number of years. In the last number of the *Half-Yearly Compendium* (p. 180) we called attention to an important diagnostic sign of fracture of the fibula in the lower third, which he recently brought before the public. As a lecturer in the Philadelphia School of Anatomy he has signalized himself by decided ability in the rare power of imparting information and interesting students in that dry branch of science, as they generally esteem it. Some years since, in connection with Drs. MITCHELL and MOREHOUSE, he gave to the public a series of valuable studies on injuries of the nerves. More recently he has edited, with remarkable care, HEATH'S Text-Book of Anatomy; and last year devised and issued a series of *Clinical Charts*, which we noticed at the time as a decided advance in the difficult art of clinical registration. These and other similar labors have justly gained for him the respect of the profession, and his election would be welcome to all who have at heart the success of the College.

The duty of the electors to such positions is to scan closely the records of aspirants as students and teachers, and choose him who is most competent and most worthy, not alone in a professional sense, but also as a gentleman of high character, wide culture, genial manners, and didactic skill. In these respects both of those we have mentioned will not be questioned.

HORACE WELLS.

The eleventh day of December, 1844, was an era, and a very important one, in the history of surgery. On that day HORACE WELLS, of Hartford, Conn., for the first time made practical demonstration of the application of anæsthetics for the purpose of subduing pain under surgical operations. While under the influence of nitrous oxyd gas, he had a sound tooth extracted. He remained under the influence of the gas some time after, and immediately upon recovering from it threw up his arms and exclaimed, "A new era in tooth-pulling! It did not hurt me more than the prick of a pin. It is the greatest discovery ever made!" From this time the principle of anæsthesia became an established one in surgery, and by degrees came into general use. WELLS pursued his experiments with nitrous oxyd, ether, and other agents, with an enthusiasm which eventually cost him his life. Finding that others were seeking to rob him of the credit of his great discovery, he became disgusted, disappointed, and dispirited. He then went to New York to lay his claims as the discoverer of anæsthesia before the profession of the great metropolis. Soon after his arrival there he manifested symptoms of mental aberration, and on the 24th of January, 1848, in a fit of madness, ended his life with his own hands. He thus left his family unprovided for, and an open field for the unscrupulous to poach upon to rob him of his well-earned honors. To the discredit of the medical profession, many of them were for a time led astray by the specious representations of these parties. But the sober second thought of the profession has become en-

listed on behalf of the memory of the unfortunate WELLS, and such men as the late Sir JAMES Y. SIMPSON, STORER, SIMS, DOREMUS, HAMILTON, SQUIBB, and many others of the leading minds of the profession, are using their influence to do justice to the memory of the real discoverer of the application of anæsthesia in surgical operations.

Expression was given to these sentiments at a large and enthusiastic public meeting in New York on the 21st of May. The meeting was addressed by Drs. MARION SIMS, OGDEN DOREMUS, FRANK H. HAMILTON, and others. We welcome any effort to do justice to the memory of one whose discovery, on the 11th of December, 1844, soon deprived surgical operations of their terror, and proved such a boon to suffering humanity, and such an invaluable aid to the surgeon in the use of surgical instruments. We feel proud of the fact that for twenty-five years the MEDICAL AND SURGICAL REPORTER has constantly and earnestly advocated and defended the claims of WELLS. May they yet receive that full and free recognition at the hands of the public and the general government which they undoubtedly deserve.

In a communication from Dr. HENRY J. BIGELOW, of Boston, published in a New York paper, that gentleman, although his object is to support the claim of Morton, is compelled to admit the priority of Wells' practical application of anæsthesia for surgical purposes, though he endeavors to belittle his achievements, and claims that WELLS abandoned the use of anæsthetics.

In reply to this Dr. G. Q. Colton very emphatically upsets the theory of the Wells abandonment. "We have," he says, "the sworn testimony of about forty of the most respectable citizens of Hartford, that during the years 1845 and 1846 Wells extracted teeth for them without pain, using the gas as the anæsthetic. He was in constant use of the gas for about eighteen months, when his health gave way, and he went to Europe. Even in Europe he did not abandon his discovery, for he presented his claims to the Academy of Sciences in Paris, and that institution, in recognition of the services, conferred on him the title of M. D.

"As soon as Wells returned to this country he resumed the use of the gas, and continued it until his death, which occurred on the 24th of January, 1848.

"But he met the most determined and bitter opposition from all quarters. It was at that time too much to believe that the inhalation of so little gas or vapor would destroy the pain of a surgical operation! Dr. Wells did all that a man could do, while he lived, to prove to the world the value of his discovery. Should he be deprived of the honor of the discovery because the public were incredulous and repudiated his claims?

"Wells died before the merits of the gas were generally recognized. After his death Dr. Morton set up the claim that nitrous oxyd was not an anæsthetic, and therefore that Wells had discovered nothing! No one had used the gas to produce anæsthesia save Wells, and Morton was enabled to gain a general assent to the position he took, namely, that nitrous oxyd not being an anæsthetic, therefore he, Morton, was the discoverer of anæsthesia! If at that time and during the lifetime of Mr. Wells the gas had proved to be what it really is, and what I have demonstrated it to be, the best and safest anæsthetic known, we never should have heard of Morton as the discoverer of anæsthesia.

"When I revived the use of the gas in 1863, I had this general incredulity respecting its powers to contend with. I was met on all sides by the assertion that Wells had tried the gas and it had proved a failure. I expended eight thousand dollars the first year in advertising, advocating, and defending it; and in all this time did not realize a dollar of profit from my business. Is it any wonder that poor Wells, who had no money to spend, should encounter opposition and discouragement in its first introduction?

"It should be remembered that Wells' first experiment, for which I gave him the gas, was on the 11th of December, 1844, and that the first experiment by Morton was on the 30th of September, 1846; also, that Morton was stimulated to this experiment by information derived from Wells, and newspaper notices of Wells' operations.

"In view of all these facts," says Dr. Colton, "how can any one hesitate to award the honor of the discovery of anæsthesia to Dr. Wells?"

Notes and Comments.

Information Wanted.

Circulars calling for information for the Medical Register and Directory of the United States are being rapidly sent out, and this portion of the labor will soon be completed. It is earnestly desired that the responses be as prompt and as full as possible. *It is important to physicians, who have any education or standing, that they appear properly on this record*, as the work will be one of permanent value, and will be constantly referred to. The forms containing the Directory of the first set of eleven States and Territories (Alabama to Georgia, alphabetically, inclusive), are now in the hands of the printer, and there are but a few days in which information can be inserted in those pages.

Officers of public medical institutions of *all kinds*, hospitals, asylums, dispensaries, colleges, medical societies, etc., are particularly requested to furnish us with lists, catalogues, announcements, etc., in order to give brief histories of these institutions, and for use in perfecting the Register and Directory in all its parts.

It is intended that the work shall be exhaustive, and as nearly *correct* as may be, and it will be issued as speedily as possible; but the labor is immense, and the work is delayed by the want of promptitude in receiving replies to circulars and letters.

☞ Medical Journals please notice.

News and Miscellany.

Northeastern Indiana Medical Society.

—The Northeastern Indiana Medical Society held its semi-annual meeting at Kendallville recently. Prof. McGraw, of Detroit, delivered an able and very interesting lecture in the evening, on the relations existing between the people and physicians. Dr. Woodward, of Fort Wayne, Prof. R. C. S. Reed, of Cincinnati, Dr. Latta, of Goshen, and Dr. Frink, of Elkhart, honored the meeting with their presence. The officers elected for the current year are:—Geo. W. Carr, of Ligonier, President; J. L. Gilbert, of Kendallville, Secretary; L. F. Abell, of Kendallville, Treasurer. Three Vice-Presidents were also chosen. The next meeting will be held at Waterloo, on the last Tuesday of September.

—Dr. Charles F. Bevan has been elected Demonstrator of Anatomy in the Baltimore College of Physicians and Surgeons.

Progress of the Cholera.

Berlin, June 3.—The Asiatic cholera has appeared in two villages in West Prussia, having been communicated from Russian Poland. A rigid quarantine of the infected district has been established.

—There is a continued abatement in the cholera at Nashville. The cases yield to treatment in nearly every instance. The mortality is decreasing. The cases of cholera are also diminishing at Memphis.

—The Maine Medical Association have elected Dr. A. T. Page, of Bucksport, President, and Dr. O. C. Hunt, of Portland, Secretary. A large subscription was taken up among the members for the Hospital Fair, at Portland.

MARRIAGES.

Bagley—Bogert.—At the Reformed Church, Brighton Heights, Staten Island, June 5th, by Rev. E. P. Rogers, D. D., assisted by Rev. W. T. Engard, Francis Bagley, of Buffalo, and Isabella Lee, daughter of Dr. S. V. R. Bogert, of Sailors' Snug Harbor, Staten Island.

Deyarmon—Fairchild.—By Rev. Thomas S. Park, at the residence of the officiating minister, in Dawson, Pa., April 17th, Dr. T. Robb Deyarmon and Miss Ida Belle, youngest daughter of James Fairchild, all of Dawson, Pa.

Douglas—Stratton.—June 10th, 1873, by Rev. W. H. De L. Grannis, J. H. Douglas, M. D., and Josephine A. Stratton, both of New York City.

Hollinger—Weidler.—June 5th, 1873, at Grace Church, Philadelphia, by the Rev. Thomas B. Barker, of Lancaster, Pa., George W. Hollinger, of Ellenwood, Kansas, and Miss Mary F., daughter of Dr. Isaac C. Weidler, of Mechanicsburg, Pa.

La Roche—Stokes.—June 11th, 1873, in the Philadelphia Cathedral, by the Right Rev. James F. Wood, R. C. Bishop of the Diocese, assisted by the Very Rev. James O'Conner, Dr. Percy La Roche and Agnes Williams, daughter of William A. Stokes, of Philadelphia.

McCreary—Robinson.—By Rev. Jos. Romig, at the residence of the bride's father, Dr. W. M. Robinson, May 6th, Mr. Quincy L. McCreary, of Duquesne, Ill., and Miss Hattie N. Robinson, of Montgomery Co., Kansas.

Maris—Scattergood.—On Fifth-day, the 5th inst., at Friend's Meeting-house, on Arch street, Philadelphia, Edward Maris, M.D., and Rachel, daughter of Joseph Scattergood.

Riggs—Abrams.—By Rev. George McDonald, April 9th, Edward N. Riggs, M. D., of Allegheny City, Pa., and Miss Luella C. Abrams, of Powhatton, Ohio.

Shaw—Milligan.—By Rev. Robert Crothers, assisted by Rev. S. J. Fisher, at Swissvale, Pa., May 15th, Dr. S. Porter Shaw, of Clearfield, Pa., and Miss Maggie Milligan, of Swissvale.

DEATHS.

Bancroft.—In Mount Holly, N.J., on the 10th inst., Clara, infant daughter of Dr. E. K. and L. A. Bancroft, aged 17 months and 20 days.

James.—On the 6th inst., at his residence, in this city, Dr. David James, aged 68 years.

Lawrence.—In Philadelphia, May 31st, 1873, Leonard Lawrence, M.D., late of Cedarville, N. J., aged 74 years.

Moseley.—In this city, June 9th, 1873, of paralysis, Dr. Samuel Moseley, in the 73d year of his age.

Mauran.—In New York city, June 8th, 1873, Joseph Mauran, M. D., in the 77th year of his age, formerly of Providence, R. I.

Stewart.—In this city, on the 11th inst., Mrs. Sarah T. Stewart, wife of Dr. S. Stewart.